

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037253

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 1022

FILED SEP 24 1963

1. PLACE OF DEATH a. COUNTY ST. CHARLES		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ---	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. CHARLES		Length of stay in lb 6 MO.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		d. STREET ADDRESS (If outside, give location) 4496 MARYLAND	
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First MAE	Middle EAST	Last EAST	4. DATE OF DEATH Month SEPTEMBER Day 13 Year 1963
--	---------------------	-----------------------	---------------------	--

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/27/1874	9. AGE (last birthday) 89	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
-------------------------	----------------------------------	---	--------------------------------------	-------------------------------------	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.
---	--	---	--

13a. FATHER'S NAME JAMES LYNCH	13b. MOTHER'S MAIDEN NAME MARY FARRELL	14. NAME OF HUSBAND OR WIFE CHAS. W. EAST, DECEASED
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE	16. SOCIAL SECURITY NO.	17. INFORMANT Dr. FOREST VON BRECHT, RIDGE
---	-------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia	INTERVAL BETWEEN ONSET AND DEATH 10 days
---	--

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) hypertension	DUE TO (c) arteriosclerosis
--	--------------------------------	------------------------------------

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
---	---	--

20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
---	------------------

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
--	--	------------------------------	--------	-------

21. I attended the deceased from July 24, 1963 to Sept 13, 1963 and last saw her alive on Sept 13, 1963 Death occurred at 3:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. J. Gury	(Degree or title) M.D.	22b. ADDRESS 1146 W. 8th St. St. Louis, Mo.	22c. DATE SIGNED Sept 14, 1963
-------------------------------------	----------------------------------	---	--

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 9-16-63	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	23d. LOCATION (City, town, or county) ST. LOUIS, MISSOURI
---	-----------------------------	---	---

24. FUNERAL DIRECTOR STOCK MORTUARY, HALLS FERRY	ADDRESS 9825	25. DATE RECD. BY LOCAL REG. Sept 14-1963	26. REGISTRAR'S SIGNATURE Mabel Gurnwald Dep
--	------------------------	---	--

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59	DATE AMENDED	
10928		
22199		
3		
4		
5		
6		
7		
8		
9446X		
10		
11		
12		
13		
5-0		

SEP 26 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul A. Hachten

Licensed Embalmer No. 4787

P. O. Address Y. Louis Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.